

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10-520097

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT			AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/							51					
2	/							52					
3	/							53					
4	/							54					
5	/							55					
6	/							56					
7	/							57					
8	/							58					
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12	/							62					
13	/							63					
14	/							64					
15	/							65					
16	/							66					
17	/							67					
18	/							68					
19	/		1					69					
20	/				1			70					
21	/							71					
22	/							72					
23	/							73					
24	/							74					
25	/		1					75					
26	/					1		76					
27	/							77					
28	/							78					
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42								92					
43								93					
44								94					
45								95					
46								96					
47								97					
48								98					
49								99					
50								100					
TOTAL IND.	3		5		3			TOTAL IND.			5		
TOTAL DEP.			13		13			TOTAL DEP.					
TOTAL CLAIMS	3		10		10			TOTAL CLAIMS					

Best Available Copy